

CDO Application Demonstration



This document is a transcript of the CDO Application Demonstration video.

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CDO Application Demonstration

In this demonstration, we will walk through the CDO application and demonstrate the various paths the application follows based on selections you make on each screen.

There is also a link to a Quick Start Guide on the CDO application, which provides step-by-step instructions for completing the application. We suggest you open this file and refer to it when completing the CDO application.

I will now go into the CDO application to complete this demonstration.

Overall Navigation and Links

Before we begin the CDO application, let's describe the overall navigation features of the CDO application and links that are available to you to help you prepare and complete the application.

Upon selecting the link for the MATS CDO application, you will access the Welcome page of the CDO application.

At the top right-hand corner of the CDO Application Welcome Page are two helpful links you can access. The Quick Start link opens a document containing helpful tips and a list of information you need before starting the application. The Guidance link opens the Quick Start Guide that provides step-by-step instructions for completing this application.

The Guidance link is available on every page of the application. The Quick Start link is only available on the Welcome Page because you should use it prior to navigating to the other pages of the application.

The **Continue** button at the bottom of the Welcome Page is an example of the navigation buttons you will encounter throughout the application. Every button includes roll over text that describes the action taken when you select the button.

In this example, the Continue button's rollover text describes the action the application takes when you select the **Continue** button, which is that you will proceed to the next page of the application.

The screenshot shows the CMS (Centers for Medicare & Medicaid Services) logo at the top left. To the right of the logo are two links: [Quick Start](#) and [Guidance](#). Below the logo is the title "Welcome to the Certified Application Counselor Designated Organization Application Web Form". Underneath the title is a section titled "Introduction". The text in the Introduction section states: "This web form allows you to complete and submit your organization's application to become a certified application counselor designated organization (CDO). You must complete and submit this web form in a single session; you cannot save data and come back to the form later. We recommend that you collect all necessary information before initiating the process. Refer to the [Quick Start](#) link to determine what you will need before beginning the process and the advantages of becoming a CDO. For full details on the certified application CDO process, select the [Guidance](#) link. Select the **Continue** button to begin. If you exit the web form without submitting, you will lose all entered data." Below this text is a "Continue" button. At the bottom of the page, there is a disclaimer: "By using this web form, you accept the terms and conditions. If you decline, you should not use the web form." followed by a list of terms and conditions.

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[Quick Start](#)
[Guidance](#)

Welcome to the Certified Application Counselor Designated Organization Application Web Form

Introduction

This web form allows you to complete and submit your organization's application to become a certified application counselor designated organization (CDO).

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Note: The Centers for Medicare & Medicaid Services (CMS) does not certify assister organizations in states operating State-based Marketplaces (SBMs) or State-based Marketplaces using the Federal Platform (SBMs-FP). If you want to become a CDO in one of these states, we encourage you to contact your state's Department of Insurance for assistance.

Continue

By using this web form, you accept the terms and conditions. If you decline, you should not use the web form.

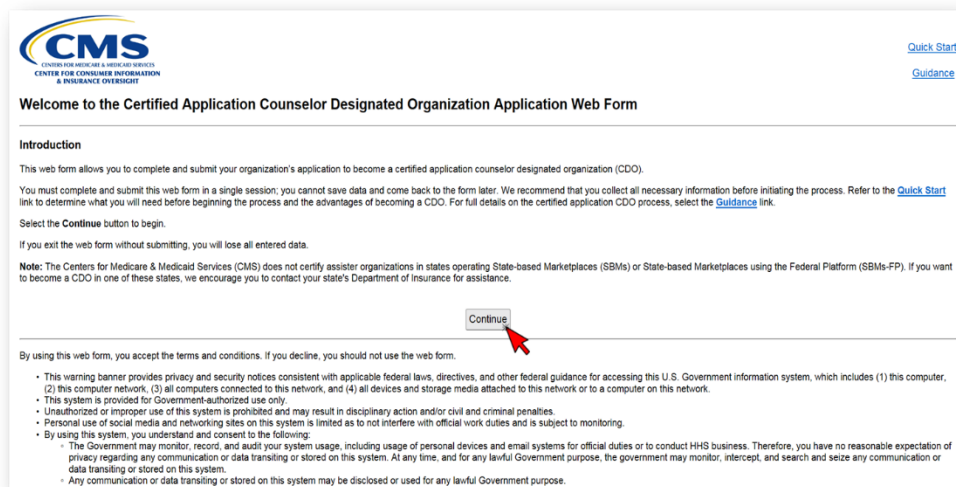
- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Welcome Page

The Introduction section on the Welcome Page describes the application and references the helpful links we just discussed.

The terms and conditions for proceeding with the CDO application are located at the bottom of the Welcome Page. By selecting Continue, you are accepting these terms and conditions so please review them carefully.

You will select the **Continue** button after reading and agreeing to the system access requirements message. The application navigates to the Submitter Contact Information page.



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[Quick Start](#)
[Guidance](#)

Welcome to the Certified Application Counselor Designated Organization Application Web Form

Introduction

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Continue

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- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Submitter Contact Information

The Submitter Contact Information page allows you to enter your contact information.

The phone extension field is not required. All required fields are indicated by the red asterisk.

You will then select the **Continue** button. The application navigates to the Existing Organization Information page.

Submitter Contact Information

Instructions

Enter the Submitter Contact information.

The red asterisk (*) indicates required fields.

Submitter Contact Information

| | | | |
|------------------|-----------------|------------------|-------|
| * First Name: | Robert | * Last Name: | Smith |
| * Email Address: | rsmith@test.org | * Job Title: | Owner |
| * Phone Number: | (555) 555-5555 | Phone Extension: | |

Back Continue

Existing Organization Information: Previous Application Submitted

The Existing Organization Information page allows you to check your organization's status to determine whether an application already exists for your organization. Based on your entries on this page, you will encounter different paths in the application.

1. Select the checkbox indicating whether your organization has a Federal Employee Identification Number (FEIN). If your organization has an FEIN, you will enter the nine-digit number in the field provided.
2. Then, select the radio button next to **Yes** or **No** if the organization was previously approved as a CDO.
3. Finally, select the **Continue** button to proceed.

If your organization submitted a CDO application in the past and CMS approved it or is reviewing it, the application navigates to the Organization Found page which details the status of your previous application. You will not be able to proceed with the application from this page. This prevents duplicate applications from occurring.

If you believe you received the Organization Found message in error, you can enter your explanation in the **Comments** field and then select the **Submit Comments** button. The application navigates to the Existing Organization Confirmation page. You will exit the application from that page and someone from the CAC Program Office will contact you to address your situation.

We are going to select No to each question and proceed with the application.

Existing Organization Information Page

Instructions

Complete the fields below to provide information about the organization that is applying to be a CDO.

The red asterisk (*) indicates required fields.

* Does your organization have a FEIN?

☒ Yes
☐ No

* Please enter your organization's Federal Employee Identification Number (FEIN) ? 111243243

* Has your organization previously been approved to be a CDO?

☐ Yes
☒ No

CDO ID: ?

Back Continue

Organization Contact Information

CDOs must have two unique contacts: one Organization Senior Official, one CAC Project Director, and an optional Secondary Contact. Contact information cannot be the same across multiple roles. The Organization Contact Information page allows you to enter the contact information for each role.

If the submitter is going to fulfill one of these roles, you will select the checkbox next to the title of that role indicating that the person fulfilling that role is the same as the submitter.

You will enter the contact information for each role. If you want to add a Secondary Contact, select the Secondary Contact Information check box and enter the Secondary Contact's information.

When you are finished, select the **Continue** button. The application navigates to the Organization Headquarters Information page.

Organization Contact Information Page

Instructions
 Enter contact information for each of the roles as defined below. CDOs must have three (3) unique contacts; therefore, contact information cannot be the same as information you previously entered.

Organization Senior Official: This individual must sign the CMS-CDO Agreement and have the authority to legally and financially bind the organization.

Certified Application Counselor (CAC) Project Director: This individual is responsible for maintaining compliance with CDO requirements, certifying CAC staff.

Secondary Contact: This individual may serve as an additional contact that supports the CAC Project Director and is knowledgeable about the program's operations.

The red asterisk (*) indicates required fields.

Organization Senior Official Contact Information ☒ Same as Submitter

* First Name: Robert * Last Name: Smith
 * Email Address: rsmith@test.org * Job Title: Organization Senior Official
 * Phone Number: (555) 555-5555 Phone Extension:

CAC Project Director Contact Information ☐ Same as Submitter

* First Name: Betty * Last Name: Cohen
 * Email Address: bcohen@test.org * Job Title: Manager
 * Phone Number: (555) 555-6666 Phone Extension:

Secondary Contact Information ☐ Same as Submitter

* First Name: Sharon * Last Name: Murphy
 * Email Address: smurphy@test.org * Job Title: Coordinator
 * Phone Number: (555) 555-7777 Phone Extension:

Back Continue

Organization Headquarters Information

The Organization Headquarters Information page allows you to enter information about your organization's headquarters.

- You will enter the contact information for your organization.
 - First, you will enter your organization's name.
 - Then you will enter your organization's phone number.
 - Then your organization's email address.
 - Then your organization's website URL, which is optional.

In the second section on the page, you will enter the Organization Headquarters Address.

- Enter the organization's street address, the city and state in which the organization headquarters is located, and the applicable zip code.
- Select the **Continue** button. The application navigates to the Service Locations page.

Organization Headquarters Information Page

Instructions

Complete the fields below to provide information about the organization applying to become a CDO.

The red asterisk (*) indicates required fields.

Organization Information

* **Organization Name:**

* **Organization Phone Number:**

* **Organization Email Address:**

Organization Website URL:

Organization Headquarters Address

* **Address Line 1:**

Address Line 2:

* **City:** * **State:** * **Zip Code:**

[Back](#) [Continue](#) [Exit](#)

Service Locations: Map of Marketplaces

The Service Location page allows you to select the state(s) and county or counties in which your organization provides enrollment assistance services. To access a color coded map that provides the Marketplace type by state, select the **Map of Marketplaces** link in the center of the screen.

A separate browser window will open and you can find your state and identify the type of Marketplace it operates.

Service Location Page

Instructions

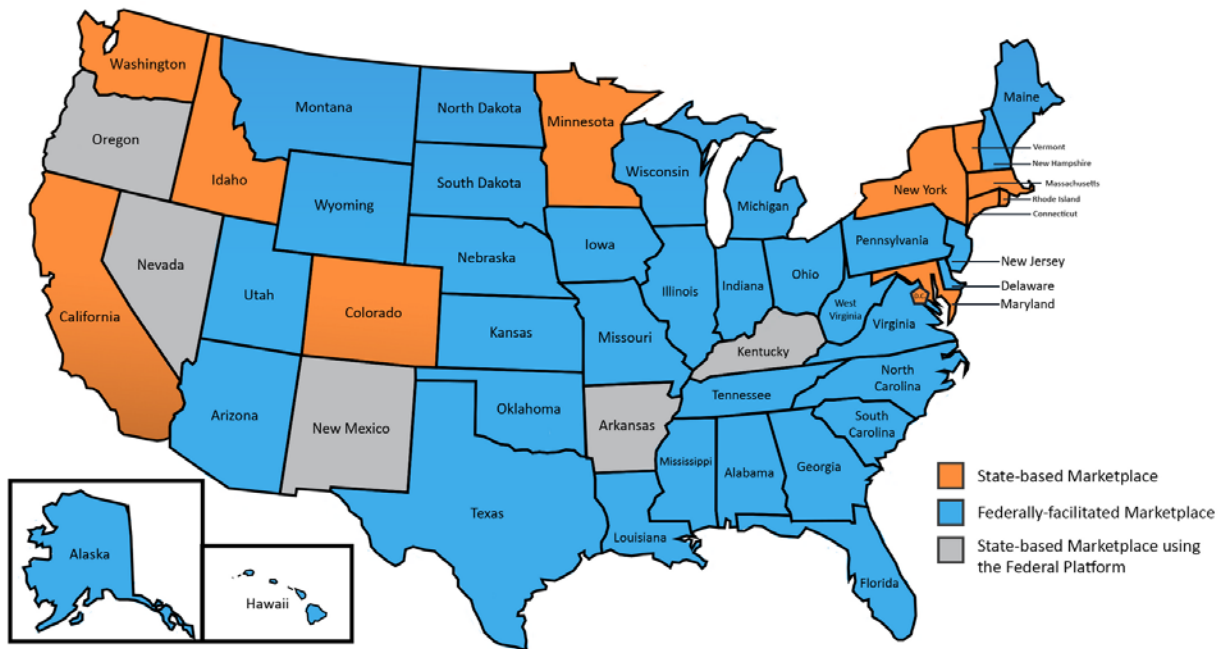
Select the state in which your organization will provide enrollment assistance services. If you operate in more than one state, you must complete the service location selection activities for one state before adding another state. Include the state and county where your organization headquarters is located if your organization provides enrollment assistance services at that location.

For each state you choose, select the counties in which your organization provides enrollment assistance services by using the arrows above the **Available Counties** list to move the applicable counties to the **Selected Counties** list. Remove selected counties by using the arrows above the **Selected Counties** list.

You may filter the list of counties by entering the county name in the **Filter** field.

[Map of Marketplaces](#)

Reminder: CMS does not certify assister organizations in states operating State-based Marketplaces (SBMs) or State-based Marketplaces using the Federal Platform (SBMs-FP). The list only includes states that operate Federally-facilitated Marketplaces (FFMs) or State Partnership Marketplaces (SPMs).



Service Locations

To begin:

1. Select the state in which your organization will provide enrollment assistance services from the drop-down menu. The Available Counties list will populate with the counties for the state chosen.
2. Select the counties in which your organization will provide enrollment assistance services using the arrows above the Available Counties list to move the applicable counties to the Selected Counties list. You may filter the list of counties by entering the county name in the Filter field.
3. Select the **Update Table** button. The Service Locations table will include all service locations for the organization.
4. Repeat these steps for each state in which your organization will provide enrollment assistance services.
5. Select the **Continue** button. The application navigates to the Additional Organizational Details page.

Service Location Page

Instructions

Select the state in which your organization will provide enrollment assistance services. If you operate in more than one state, you must complete the service location selection activities for one state before adding assistance services at that location.

For each state you choose, select the counties in which your organization provides enrollment assistance services by using the arrows above the **Available Counties** list to move the applicable counties to the **Selected Counties** list.

You may filter the list of counties by entering the county name in the **Filter** field.

[Map of Marketplaces](#)

Reminder: CMS does not certify assister organizations in states operating State-based Marketplaces (SBMs) or State-based Marketplaces using the Federal Platform (SBMs-FP). The list below only includes

* State: New Jersey

Available Counties
Showing all 20

Filter

← →

- Atlantic
- Bergen
- Burlington
- Camden
- Cape May
- Cumberland
- Gloucester
- Hudson
- Hunterdon
- Mercer

Selected Counties
Showing all 1

Filter

← →

- Essex

Update Table

Service Locations

| State | County |
|------------|--------|
| New Jersey | Essex |

Back Continue Exit

Additional Organization Details

The Additional Organization Details page allows you to supply specific information about the types of enrollment assistance your organization will provide.

1. Select the **Primary Organization Type** that applies to your organization. You can only select one. If you select Health Services, you can then select all that apply.
2. Select the **Organization Specialty**. This is optional and you can select all that apply.
3. Select the **enrollment assistance type** of Year round or Open Enrollment only.
4. Select the radio button next to **Yes** or **No** for the three questions about the processes your organization currently has in place.
5. Select the **Continue** button. The application navigates to the CDO Summary page.

Additional Organization Details Page

Instructions
Select the options that apply to your organization.

What is your Primary Organization Type?
 • Health Services Select all that apply:
☒ Hospital/Health System
☒ Pharmacy
☐ Federally Qualified Health Center/Community Health Center
☐ Primary Care Association
☐ Medical Practice
☐ Social Services
☐ Government Agency (city, state, local, federal, etc.)
☐ Health Plan Issuer
☐ Agent/Broker
 Other

Organization Specialty (optional) Select all that apply:
☐ Tribal
☐ Faith-based
☒ Behavioral/Mental health
☐ HIV/AIDS
 Other

What is your intended enrollment assistance type?
☒ Year-round
☐ Open Enrollment only

Does your organization currently:

• Have processes in place to handle and protect Personally Identifiable Information (PII)?
☒ Yes
☐ No

• Screen the staff and volunteers it will certify as application counselors?
☒ Yes
☐ No

• Have processes in place to assist people with health coverage decisions?
☒ Yes
☐ No

Back Continue Exit

CSO Summary Page: Submit Button

The CDO Summary section provides all of the information you submitted in the CDO application. You can review and edit any of the information you entered on the application by selecting the Edit link next to the title of each section.

To submit your application, select the **Submit** button. The application navigates to the Confirmation page.

Remember that submission of an application does not guarantee approval. Once your application is approved CMS will send you a preliminary approval with instructions on how to submit your signed agreement.

Submit Generate Agreement PDF Ex

The Confirmation page provides a summary of your session and allows you to print and save a PDF confirmation containing the information you submitted.

To exit the application, select the **Exit** button. A pop-up will open asking if you are sure you want to exit the application. Select the **OK** button.

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Confirmation

Thank you for submitting your application to become a (CDO).

To complete the application process, your organization's Senior Official must sign the agreement PDF. Upload the signed agreement in the Organizational Maintenance web form. Print and save the confirmation PDF below for your records; it is a formal confirmation of the CDO application submission. If you have any questions, contact CACQuestions@cms.hhs.gov. Ensure you add the CMS Services address CACQuestions@cms.hhs.gov to your contacts and spam filters so you do not miss any responses.

Submission End Time: 3/14/2018 10:12 PM

Application ID: CDO Application-00018

An acknowledgment email has been sent to the following contacts:

Organization Senior Official: Robert Smith

Certified Application Counselor (CAC) Project Director: Betty Cohen

Secondary Contact: Sharon Murphy

Print/Save

Select the **PDF** button to generate a PDF confirmation that contains the information you submitted. It is recommended that you print and save this document for your records.

PDF Exit

